



GP 1637 /FW
PATENT
450117-03695

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

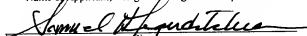
Applicant : William FORD et al.
U.S. Serial No. : 09/988,978
Title of Invention : **PROCESS FOR IMMOBILIZATION OF NUCLEIC
ACID MOLECULES ON A SUBSTRATE**
Filed : November 19, 2001
Examiner: : Jeffrey Siew
Group Art Unit : 1637
Confirmation No. : 9531

745 Fifth Avenue
New York, NY 10151

I hereby certify that this correspondence is being deposited with
the United States Postal Service as first class mail in an envelope
addressed to: **Commissioner for Patents, P.O. Box 1450,**
Alexandria, VA 22313-1450, on April 26, 2004.

Samuel H. Megerditchian, Reg. No. 45,678

Name of Applicant, Assignee or Registered Representative



Signature

April 26, 2004

Date of Signature

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This is responsive to the Office Action dated February 25, 2004, wherein prosecution on
the merits was closed in accordance to *Ex parte Quayle*. Any fee occasioned by this paper may
be charged, or overpayment credited, to Deposit Account No. 50-0320.

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745 Fifth Avenue
New York, NY 10151
Tel: 212-588-0800

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	13	Minus	**=18	* 0 x	\$18 (9)	= \$ 0
Independent claims	1	Minus	***=3	* 0 x	\$86 (43)	= \$ 0
Total additional fee for this amendment						\$ 0

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
- ** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
- *** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.
- ☐ This application contains a multiple dependent claim. The required fee of \$290(145) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the _____ month following the expiration of the term originally set therefor. This is a petition to request a _____ month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$_____ is attached, which covers the cost of ☐ additional claims _____ petition for extension of time.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Samuel H. Megerditchian, Reg. No. 45,678

Name of Applicant, Assignee or Registered Representative

Samuel H. Megerditchian
Signature

April 26, 2004
Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicants

By:

Samuel H. Megerditchian
Samuel H. Megerditchian
Reg. No. 45,678
Tel: 212-588-0800